

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001224 AV

DOCUMENT # A97000001723

1. Entity Name
MARKETPLACE INVESTMENT GROUP, LTD.



FILED

03 APR 16 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**15 S.E. 10TH STREET
MIAMI FL 33131**

Mailing Address
**1051 BRICKELL PLAZA, SUITE 1
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number **65-0779922**

Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SAMMARCO, VINCENT T
9141 TAFT STREET
PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$10,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P97000068658
NAME	MARKETPLACE INVESTMENTS, INC.
STREET ADDRESS	1051 BRICKELL PLAZA #1
CITY-ST-ZIP	MIAMI FL 33131
DOCUMENT #	
NAME	
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13. ADDRESS CHANGES ONLY	
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400016121634
04/16/03 01065 039 **150.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: S. Carrone 4/17/03

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/17/03** Daytime Phone #

CR2E003 (10/02)